



# Request for Service Credit Cost Information— Comprehensive Employment & Training Act (CETA) or Fellowship

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Name of Member (Last Name, First Name, Middle Initial)

Social Security Number or CalPERS ID

## Section 1

### About You

The earlier in your career you purchase service credit, the lower your cost will be.

Any balance resulting from an election must be paid in full by your retirement date.

Purchase early so you have enough time to pay the balance in full by your retirement date, or your retirement benefit will be reduced by the actuarial equivalent of your remaining balance.

Member Mailing Address

City State ZIP Code

Daytime Phone Email Address

Have you submitted a retirement application?  No  Yes Retirement Date (mm/dd/yyyy)

Have you ever been a member of a public retirement system in California other than CalPERS?  No  Yes Name of System(s)

If yes, have you purchased the service being requested in that retirement system?  No  Yes

## Section 2

### CETA or Fellowship Employment Information

Provide the name of the employer where the service was earned. The employer must be a CalPERS-covered agency.

List the dates and employment location for which you are requesting credit.

Employer

Comprehensive Employment & Training Act 1973 to 1982

Fellowship Program Name of Program

Employment From (mm/dd/yyyy) To (mm/dd/yyyy) Location

Employment From (mm/dd/yyyy) To (mm/dd/yyyy) Location

Employment From (mm/dd/yyyy) To (mm/dd/yyyy) Location

## Section 3

### Member Certification

If the service was performed for the State of California or a California State University, sign this form and mail it to CalPERS, P.O. Box 4000, Sacramento, CA 95812-4000.

I hereby certify under penalty of perjury the above information is true and correct to the best of my knowledge. I understand I must meet the requirements under California law. I have reviewed the publication ***A Guide to Your CalPERS Service Credit Purchase Options*** (PUB 12) and I meet all the requirements outlined in the publication. I understand it is my responsibility to ensure this form is received by CalPERS. I further understand any balance resulting from an election must be paid in full by my retirement date, or my retirement benefit will be reduced by the actuarial equivalent of the remaining balance.

Member Signature Date (mm/dd/yyyy)

If the service was performed for the University of California prior to October 1, 1963, a CalPERS-covered public agency, or a school, forward this form to the appropriate employer for completion of pages 2-4 before returning to CalPERS.

If you have established reciprocity or have an approved final compensation exchange, we will contact the retirement system to determine your highest pay rate, which can be used in the calculation of your CETA or Fellowship service credit.

Member Name Social Security Number or CalPERS ID

Section 4

Employer Certification

If the service was performed for the State of California or California State University, employer certification is not required.

Reminder: If the employee has indicated a retirement date in Section 1, it is imperative that CalPERS receive this completed Employer Certification section and Pay Period Detail in Section 5 promptly. Delays in receiving this information from your agency could affect the employee's ability to make their election prior to retirement.

Was this service rendered under the Comprehensive Employment & Training Act from 1973 to 1982? No Yes

Was this service rendered under a fellowship program? No Yes Name of Program

Section 5

CETA or Fellowship Pay Period Detail

Complete the required Pay Period Detail for the requested time period.

After completing Sections 4-5 and before submitting these forms to CalPERS, provide copies of this form to:

- your payroll/fiscal department,
the employee, and
your own agency's records.

Employer Name

Please complete all sections for the period(s) this person was employed by your agency. You must provide service period dates, position titles, pay rates, hours worked, and earnings for each pay period. Please indicate any overtime, special compensation, and holiday pay in a separate row. Also, indicate if the employee was subject to mandatory furloughs by pay period.

Government Code section 20221 specifies employers are required to furnish CalPERS with information requested.

For help completing this form, visit www.calpers.ca.gov to view Circular Letters concerning employer certification guidelines.

Appointment Tenure

Permanent Indeterminate Seasonal Term End Date (mm/dd/yyyy)

Temporary Term End Date (mm/dd/yyyy) Other (Explain):

Check the box for the classification of the employment period(s) being requested. Then, provide the dates, or indicate all, for the employment period(s) of the classification(s) selected:

Classification

Applicable Employment Period

Table with 2 columns: Classification and Applicable Employment Period. Rows include School Miscellaneous, Local Miscellaneous, Local Safety - Other, Local Safety - Fire, and Local Safety - Police, each with fields for Employment From and To dates.

Member Name

Social Security Number or CalPERS ID

**Section 5, continued**

**CETA or Fellowship Pay Period Detail**

Please keep this information attached to the Request for Service Credit Cost Information.

A fillable version of this form is available at [www.calpers.ca.gov/docs/forms-publications/ceta-fellowship.pdf](http://www.calpers.ca.gov/docs/forms-publications/ceta-fellowship.pdf).

| Start Date<br>(mm/dd/yyyy) | End Date<br>(mm/dd/yyyy) | Position Title    | Full-Time Pay Rate<br>(Hourly/Daily/Monthly) | Total Hours Worked | Earnings      | Time Base<br>(Full Time/<br>Part Time) | Months per Year<br>(10, 11, 12) |
|----------------------------|--------------------------|-------------------|--|--------------------|---------------|--|---------------------------------|
| Examples:                  |                          |                   |  |                    |               |  |                                 |
| 01/01/1980                 | 06/30/1980               | Office Technician | \$6.00 hourly                                | 426 total          | \$2,556 total | PT                                     | N/A                             |
| 07/01/1999                 | 07/31/1999               | Fellow            | \$2,000 monthly                              |                    | \$2,000       | FT                                     | N/A                             |
|                            |                          |                   |  |                    |               |  |                                 |
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Continue on the next page if necessary.

**Statement and Signature of Personnel or Payroll Officer**

Required: By signing, I certify the following:

1. The information provided in Sections 4 and 5 is true, complete, and correct to the best of my knowledge and belief;
2. I am an authorized representative of the agency named in Section 5 and am qualified to certify this form;
3. I understand this form provides CalPERS with the information required to assess eligibility, calculate the cost, and determine the amount of purchasable service credit that, if elected, will be included in the member’s retirement calculation;
4. I understand the agency named in Section 5 is accepting any employer liability associated with this service credit purchase.

\_\_\_\_\_  
Signature Title Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed Name Business Phone Fax

\_\_\_\_\_  
Email

**Mail to: CalPERS Member Account Management Division • P.O. Box 4000, Sacramento, California 95812-4000**



# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).